

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15327

FILED APR 20 1953

BIRTH NO. REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural-Salt Spring Twp. 4 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural-Salt Spring Twp. 0880	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pleasant View Home		d. STREET ADDRESS (If rural, give location) Pleasant View Home	
3. NAME OF DECEASED (Type or Print) a. (First) Fannie b. (Middle) D. (Collins) c. (Last) Latham		4. DATE OF DEATH (Month) (Day) (Year) April 14 1953	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH March 13, 1859
9. AGE (In years last birthday) 94		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	
11. BIRTHPLACE (State or foreign country) Randolph County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME George W. McCormick		13b. MOTHER'S MAIDEN NAME Don't know	
14. NAME OF HUSBAND OR WIFE George W. Latham		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Woodie Lee Collins; 117 W. Reed;	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic Myocarditis ANTECEDENT CAUSES DUE TO (b) arteriosclerosis DUE TO (c) Psychoses - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychoses -	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 6 mos D.K. D.K.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 10, 1953 , to April 17, 1953 , that I last saw the deceased alive on April 12, 1953 , and that death occurred at 22 m., from the causes and on the date stated above.			
23a. SIGNATURE M. Dreyer (Degree or title) MD		23b. ADDRESS Huntsville Mo	
23c. DATE SIGNED 4/16/53		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 4-16-1953		24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery	
24d. LOCATION (City, town, or county) (State) Huntsville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton ADDRESS Huntsville	
DATE REC'D BY LOCAL REG. 4/17-53		REGISTRAR'S SIGNATURE Mary H. Deutley	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Tom B. Patton

Signed
Student Embalmer

Licensed Embalmer No. 3914

P. O. Address Huntville, Ind

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.